

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-579)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IN.	DEF.	INO.	DEF.	INO.	DEF.		INO.	EP.	INO.	EP.	
1							61					
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46												
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48												
49												
50												
TOTAL	4						TOTAL					
TOTAL	14						TOTAL					
TOTAL	18						TOTAL					